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CAMELFORD RURAL DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH
for the year
1 9 5 6



Health Area Office,
LAUNCESTON.
Cornwall

WILLIAM PATERSON, M.B., Ch.B., D.P.H.
Medical Officer of Health

CAMELFORD RURAL DISTRICT COUNCIL

Members of the Public Health Committee 1956:

Mrs J.B. Whitehouse - Chairman

J.A.M. Kent, Vice-Chairman

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J.F. Lord	A.R. Hansford
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W. Colwill	F.J.W. Whiting
A.S. McPherson	W. Ward

Public Health Officers of the Local Authority:

Medical Officer of Health: W. Paterson, M.B., Ch.B., D.P.H.

also holds appointments of:

Medical Officer of Health - Launceston Rural District Council
Launceston Borough Council
Bude/Stratton Urban District Council
Stratton Rural District Council

Assistant County Medical Officer: Area 6 Cornwall County Council

School Medical Officer: Cornwall County Council

Public Health Inspector:

R.R. Haylett, A.R.S.H., M.A.P.H.I.

SUMMARY OF VITAL STATISTICS

Area (in acres.)	52,544
Population	7,300
No. of separate Dwellings occupied	2,548
Rateable Value 1.4.56	£56,773
Product of ld. rate	£220 (estimate)

<u>Live Births</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1,000 estimated population</u>
Legitimate	72	37	35	10.41
Illegitimate	4	2	2	

Stillbirths 5

Deaths (all causes)

90	53	37	12.33
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Deaths from: Puerperal Causes - NIL
Puerperal and post abortive - NIL
Sepsis - NIL
Other Puerperal Causes - NIL

Infant Mortality (Deaths under 1 year per 1,000 live births) NIL

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	6	3	9
Measles (all ages)		NIL	
Whooping Cough (all ages)		NIL	
Diarrhoea (under 2 years)		NIL	

To the Chairman and Councillors of the Rural District of Camelford:

Madam Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health on the health and sanitary circumstances of the Rural District for the year 1956.

The number of births during the year showed a decrease compared with the previous year, the number of deaths also being fewer. Heart disease in various forms once again was the main cause of death. For the first year since 1948, there were no deaths of infants in the first year of life, but there were 5 stillbirths.

Measles occurred in epidemic form, 488 cases being notified. There were no deaths from this disease. The incidence of infectious disease otherwise was low. No cases of poliomyelitis and no cases of diphtheria were notified. The Ministry of Health introduced a limited scheme of vaccination against poliomyelitis during the year.

New legislation with regard to food came into effect during the year and the Food Hygiene Regulations 1955, laid down more specific standards with regard to food and catering premises and practices than had previously been the case.

The Sanitary Inspectors (Change of Designation) Act, 1956, changed the familiar title to that of Public Health Inspector. The old name had come to be associated with a rather more narrow and restricted field of work than has been the case for some considerable time and the new title expresses the modern view of the wider aspect of this work.

I should like to express my thanks to Mr Haylett, the Council's Surveyor and Public Health Inspector, for his valuable assistance in the preparation of this report and in all aspects of our work together. To Mr Hawkey, the Clerk of the Council, and his staff, I am indebted for much help, and I am glad to continue the record of my appreciation of the co-operation of the General Medical Practitioners of the district.

It is a pleasure, once more, to acknowledge the Council's unfailing encouragement and support.

I have the honour to be,

Your obedient Servant,

WILLIAM PATERSON

Medical Officer of Health

December 1957

NATURAL AND SOCIAL CONDITIONS

Area (in acres, 52,544. Camelford Rural District is the country from Delabole Point in Port Isaac Bay to Strangles Beach, north of Boscastle, inland to St. Clether and south to St. Breward, and consists for the most part of three plateaux 400 ft. 700 ft. and 1,100 ft. above sea level.

The geology of the District is very complex, due to much faulting and over-thrusting. The rocks in the area west of the River Camel are Upper Devonian, and it is in these beds that the famous Delabole Slate has been quarried for several centuries. Along the northern boundary running east to west is Davidstow anti-cline, the northern flank of which disappears under the culm measures near Boscastle.

The beds in the anti-cline can be seen in the Tintagel Cliff Sections, black shales, slates and volcanics are well exposed. East of the River Camel is the granite mass of Bodmin Moor and at St. Breward a fine silver grey granite of the highest quality is quarried.

Population. The Registrar General has estimated the population for the mid-year 1956 to be 7,300, a decrease of 40 in the population for the previous year.

Vital Statistics. It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

Deaths. The total number of deaths assigned to the District for the year was 90 compared with 101 in 1955. The crude death rate based on the mid-year population was 12.33 compared with 13.76 in the previous year.

The following table has been compiled for comparison with previous years:

Year	Total	Male	Female	Recorded Rate
1952	93	45	48	12.62
1953	87	43	44	11.87
1954	87	43	44	11.78
1955	101	51	50	13.76
1956	90	53	37	12.33

In order to compare the mortality in the District with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District, an "Area Comparability Factor" which has been estimated by the Registrar General as .90 for the District.

The Standardised Death Rate, therefore, is 11.09, which may be compared with that of 11.7 for England and Wales.

Births. The number of live births assigned to this District was 76 compared with 90 in 1955. The rate per thousand of the population was 10.41. When the Registrar General's Area Comparability Factor for births (1.14) is applied

to this figure, the Standardised Birth Rate of 11.86 for this District compares with 15.6 for England and Wales.

Stillbirths. The number of stillbirths during 1956 was 5.

Illegitimate Births. There were 4 illegitimate births assigned to the District during the year, 2 male, 2 female, compared with 2 in 1955. Shown as a proportion of the total number of live births, this represents 5.26 per cent.

Maternal Mortality. No cases of death during pregnancy have been recorded.

Infant Mortality. The number of infants who died before reaching their first birthday was NIL.

MORTALITY TABLE

<u>Cause of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	2	-	2
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infection	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	1	-	1
11. Malignant neoplasm, lungs, bronchus	2	-	2
12. Malignant neoplasm, breast	-	1	1
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant and lymphatic neoplasms	3	1	4
15. Leukaemia, aleukaemia	-	1	1
16. Diabetes	-	-	-
17. Vascular lesions of the nervous system	5	7	12
18. Coronary disease, angina	16	2	18
19. Hypertension with heart disease	-	2	2
20. Other heart disease	10	10	20
21. Other circulatory disease	5	3	8
22. Influenza	-	-	-
23. Pneumonia	-	1	1
24. Bronchitis	7	1	8
25. Other diseases of respiratory system	-	-	-
26. Ulcer of stomach and duodenum	-	-	-
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined causes	1	7	8
33. Motor vehicle accidents	1	-	1
34. All other accidents	-	-	-
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
	53	37	90

GENERAL PROVISION OF HEALTH SERVICES

General Medical Services

General medical services under Part IV of the National Health Service Act, 1946, are provided by medical practitioners resident in the district and in adjoining districts, all of whom undertake maternity medical services.

County Council Services

- I Health Department. The County Council is the local health authority for the purposes of Part III of the National Health Service Act, 1946 and provides the following services in the district:-
- (a) Midwifery and Home Nursing: Nurse-midwives are provided to attend general nursing and midwifery cases in the home.
 - (b) Health Visiting: The nurse midwives act also as health visitors and, with special training in the care of the mother and young child, are available to give advice on health matters in the home or at the clinic. They act also as school nurses.
 - (c) Infant Welfare Centre: Monthly Infant Welfare Clinics are held at Camelford, St. Breward and Delabole.
 - (d) Dental Clinic: Priority dental treatment for expectant and nursing mothers and pre-school children is available at the Dental Clinic at the Health Clinic, Launceston and at Camelford and Delabole.
 - (e) Vaccination and Immunisation: Facilities for vaccination against smallpox and immunisation against diphtheria and whooping cough are provided at the Infant Welfare Clinic or by the supply of materials to the family doctor.
 - (f) Home Help Service: Home helps are employed to provide domestic help for households in certain circumstances, a charge being made for this service according to the means of the person concerned.
 - (g) Ambulance Service: A service of ambulances for the conveyance of sick, accident and emergency cases is provided. For sitting cases, utilicon sitting case vehicles are used. When appropriate, some cases are carried by the Hospital Car Service, a voluntary organisation. Day-to-day administration of the service is carried out from the Health Area Office, Launceston.
 - (h) Prevention of Illness, Care and After-Care: A full-time tuberculosis health visitor is provided for the care and after-care of tuberculous persons. District nurses are available to assist in the home treatment of such persons when required by the Chest Physician or family doctor. Certain special investigations are carried out in other types of illness by district health visitors, while health education is carried out by the County's medical and

nursing staff.

- (j) Mental Health: The County Council has certain responsibilities in connection with the ascertainment of mental ill-health and mental deficiency, with the provision of statutory supervision, etc. for mental defectives living in the community, and with the provision of after-care following treatment for mental illness. The Duly Authorised Officer for the district works from the Health Area Office, Launceston.

- II Education Department: As local education authority, the County Council is responsible for the School Health Service, which provides the following:-

Periodic Medical Inspection of pupils.

Cleanliness Surveys of pupils.

Dental Inspection and Treatment of pupils.

Ascertainment of handicapped pupils in need of special education.

Treatment Clinics as follows:-

Dental Clinic - alternate Wednesdays at Camelford and Delabole,
and at Health Clinic, Launceston.

Speech Therapy - each Friday afternoon at Health Clinic, Launceston.

Child Guidance - by arrangement at Plymouth Child Guidance Clinic.

- III Welfare Department: This service is concerned with the welfare of the aged, and with that of various categories of handicapped persons. It is concerned also with the provision of temporary accommodation in certain circumstances for persons in urgent need thereof. The Welfare Officer for the district works from the Health Area Office, Launceston.

Hospital Services

The South Western Regional Hospital Board is the hospital authority for the area.

In-patient and out-patient facilities are provided by the Royal Cornwall Infirmary, Truro, the East Cornwall Hospital, Bodmin, Launceston Hospital and hospitals in Plymouth and elsewhere. Cases of infectious disease are admitted to the Scott Isolation Hospital, Plymouth and the Isolation Hospital, Truro, and tuberculosis patients to Tehidy or Didworthy Sanatoria. Mental hospital accommodation is provided by St. Lawrence's Hospital and Laninval House, Bodmin, and by Moorfields Hospital, Ivybridge, Devon.

An Orthopaedic Clinic is held weekly in Camelford, and physiotherapy clinics are held at Tavistock Hospital, Dawfield Hospital, Holsworthy and at Bodmin. Chest Clinic sessions are held at Launceston Hospital and at the East Cornwall Hospital, Bodmin. An ophthalmic Clinic for school and pre-school children is held periodically at the Health Clinic, Launceston and at Camelford. A specialist ante-natal clinic is held at Launceston Health Clinic weekly.

Laboratory Facilities

These are provided by the Public Health Laboratory, Dix's Field, Exeter, to which specimens for bacteriological examination are sent.

SANITARY CIRCUMSTANCES OF THE DISTRICT

Water Supply

The Water Supplies of this district are supplied as follows:-

- (i) Direct by the District Council from sources operated by themselves.
- (ii) By bulk supplies from the North Cornwall Joint Water Board.
- (iii) By the North Cornwall Joint Water Board.
- (iv) Bodmin Water Company.
- (v) Private springs and wells.

DIRECT BY DISTRICT COUNCIL

Part of the parish of Lanteglos receives its water supply from shallow springs at Griggs Down, Davidstow. The various springs are collected and run without treatment into three concrete reservoirs, two of which have been completed recently having a total capacity of 40,000 gallons and the third reservoir, which has recently been put in good condition has a capacity of 12,000 gallons. The three reservoirs are linked and each can be operated independently and the 6" trunk main is tapped some 1,500 feet below the reservoir where the water is chlorinated and its pH adjusted to approximately 7.0. This supply caters for the whole of the built-up area of Camelford including the hamlets of Tregoodwell, Trevia and part of Valley Truckle.

The remainder of the parish of Lanteglos is served by bulk supplies from the North Cornwall Joint Water Board and piped supplies are available to the hamlets of Trefrew, Helstone, Treforda, Trewalder, Pencarrow.

The only area in the combined parishes of Forrabury and Minster which are watered by the Council are the built-up areas of Boscastle itself. The sources of supply are from surface springs situated in the valley near Tredorne and from surface springs near Polrunny.

In the case of surface springs from the Tredorne area, these are collected into two reservoirs, the higher of which has a capacity of 12,000 gallons with a smaller one situated approximately 50 feet below with a capacity of 3,000 gallons, whilst the reservoir at Tubbs Ground has a capacity of 10,000 gallons. The surface springs at Tredorne have recently been supplemented by the sinking of a borehole at Newbridge which on test pumping has produced an average of 17,000 gallons per day but is, as yet, not in operation. None of the water supplies to the Boscastle area are treated but on chemical and bacteriological analyses they have proved to be satisfactory.

Part of the built-up area of the parish of St. Breward is supplied with water from surface springs at Churchtown and Rylands. In the first case the water is pumped by electric pumps to a reservoir at Churchtown with a capacity of 5,000 gallons and in the second case hydraulic rams are used to feed a reservoir at Penquite having a capacity of 10,000 gallons. These two reservoirs are linked and have approximately the same top water level and recently a considerable length of 2" main which was laid in 1924 is being replaced with a 3" main with the results of increased measures particularly to the higher parts of the village at Hill.

The Council supplies water only to the Churchtown, Rylands, Hill, Rowe, Penquite and Penfordor areas.

A borehole was sunk at Tresparrett some 12 months ago to provide water to six Council Houses but on test pumping it was found that the yield was in excess of 1,000 gallons per hour and there appears to be no reason why the borehole could not be used in the future as a source of supply for the northern area of the district, in particular, for the Deeny and Otterham areas.

BY BULK SUPPLIES FROM THE NORTH CORNWALL JOINT WATER BOARD

The Council receives bulk supplies from the North Cornwall Joint Water Board to the Michaelstow area including the hamlets of Michaelstow and Treveighan and to the hamlet of Pencarrow in Advent parish.

NORTH CORNWALL JOINT WATER BOARD

The North Cornwall Joint Water Board are responsible for the supply and delivery to the parishes of Tintagel and St. Teath and whilst their area does extend to the parish of Trevalga there are no mains at present.

BODMIN WATER COMPANY

The Bodmin Water Company are responsible for the supply to the Linthead area of St. Breward.

PRIVATE SPRINGS AND WELLS

The remainder of the district has to rely on private springs and wells and there is, in my opinion, every possibility that many of these are not of a high standard either chemically or bacteriologically.

A. Bacteriological - 1956

(i) Public Piped Supplies

Ministry of Health Classification

<u>District</u>	<u>Highly Satisfactory</u>	<u>Satisfactory</u>	<u>Suspicious</u>	<u>Unsatisfactory</u>
Camelford	3	-	-	-
Boscastle	NIL	-	-	-
St. Breward	NIL	-	-	-
<hr/>				
	3	-	-	-
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(ii) Other Public Supplies

<u>District</u>	<u>Highly Satisfactory</u>	<u>Satisfactory</u>	<u>Suspicious</u>	<u>Unsatisfactory</u>
St. Breward	NIL	-	-	-
Tresparrett	1	-	-	-
Helstone	NIL	-	-	-
Pencarrow	NIL	-	-	-
Michaelstow	NIL	-	-	-
Lesnewth	2	-	-	-
	3	-	-	-

(iii) Private Supplies

Boscastle	-	-	-	-
Camelford	-	-	-	-
St. Breward	-	-	-	-
Lesnewth	-	-	-	1
St. Juliot	1	1	-	2
	1	1	-	3
GRAND TOTALS	<u>7</u>	<u>1</u>	<u>-</u>	<u>3</u>

B. CHEMICAL

(i) Public Supplies Analysis

Tresparrett

pH Value	5.9
Turbidity	Less than 3, increasing to 15
Temp. Hardness	34
Perm. Hardness	6
Chlorine as Chlorides	24
Total Solids	110
O.A. in 4 hrs. at 27°C.	0.40
Nitrogen as nitrites	Less than 0.01
Nitrogen as nitrates	0.0

All figures other than those for pH value, are expressed in parts per million.

SEWERAGE AND SEWAGE DISPOSAL

The Council has sewerage schemes in the parishes of Camelford, Tintagel, Boscastle, Delabole, St. Teath and Treknaw.

At Tintagel and Boscastle the raw sewage discharges into the sea and no trouble has been experienced.

The comprehensive scheme for the sewerage of St. Breward was commenced in July and by the end of the year good progress had been made, in spite of the nature of the ground, which in many places is solid granite to within 1'0" of the surface. It was expected at the end of the year that the whole scheme estimated to cost £31,500 would be completed by July 1957.

Provisional surveys have been made in connection with the partial re-sewerage of Camelford and the complete re-building of the present works which are grossly inadequate and are at present providing considerable pollution to the river Camel.

Public Cleansing

A comprehensive scheme covering approximately 90% of the properties in this district is in operation for the collection and disposal of house and trade refuse. Five tips are in operation and none appear to give rise to nuisance, although owing to the nature of the tipping areas it is not possible for controlled tipping to be carried out.

The emptying of cesspits and septic tanks is carried out by a private company and this arrangement appears to be satisfactory in every way.

Prevention of Damage by Pests Act, 1949.

The Council, together with the neighbouring authorities of Wadebridge Rural District and Padstow U.D. operate a joint scheme, which runs smoothly and efficiently.

HOUSING

During the year it has been possible to carry out a considerable number of improvements to Council properties which for several years, particularly during the war, were not possible.

Improvements in the general standards of housing in this area, which had been mentioned in previous reports, continue, due I think, firstly to the considerable percentage of houses which are owner/occupied. The Council should be congratulated on their enlightened attitude to Improvement Grants which in many cases have prevented houses becoming little more than properties which would, in a very few years, require total demolition.

If a Slum Clearance Programme is carried out, it will mean a considerable amount of administrative work in this department and to expedite this, it would certainly seem that additional staff will have to be employed for a limited period.

If such Programmes are carried out it would certainly seem that the most economical method would be to deal with the larger parishes where housing land is available, and to build in larger numbers than heretofore, and this I am sure will considerably reduce the total cost per new dwelling.

Housing Statistics

1. Inspections of Dwelling Houses during the year:

(a) No. of dwelling houses inspected for defects under Public Health or Housing Acts	327
(b) Inspections made for the purpose	421

2. (a) No. of dwelling houses inspected and recorded under Housing Consolidated Regs. 1925/32	NIL
(b) Inspections made for the purpose	NIL

3. No. of dwelling houses found to be in a state dangerous or injurious to health as to be unfit for human habitation	9
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4. Dwelling houses (exclusive of those under preceding sub-heading) not in all respects reasonably fit for habitation	30
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5. Remedy of Defects during the year without the service of Formal Notice:

(a) No. of houses rendered fit in consequence of action by Local Authority or Officers	11
(b) Housing Act	1
(c) Public Health Act	NIL

6. Action under Statutory Powers during the year:

(a) Proceedings under Sections 9, 10 and 16 Housing Act 1936:	
(i) Dwelling houses in respect of which notices were served requiring repairs	NIL

(ii) Dwelling houses rendered fit after service of formal notice	NIL
By owners	NIL
By Local Authority in default of owners	NIL

(b) Proceedings under Public Health Acts:

(i) Dwelling houses in respect of which notices were served requiring defects to be remedied	NIL
(ii) Dwelling houses in which defects were remedied after service of formal notices	NIL
By Owners	NIL
By Local Authority in default of owners	NIL

7. (a) Proceedings under Sec.11 and 13 of the Housing Act 1936:

(i) Dwelling houses represented under Sec.11	6
(ii) Dwelling houses in respect of demolition order	NIL
(iii) Dwelling houses demolished	NIL
(iv) Dwelling houses rendered fit by owner	1.
(v) Dwelling houses where undertakings not to re-let at end of present tenancy were accepted from owners	5

(b) Proceedings under Sec.12 of the Housing Act, 1936:

(i) Separate tenements or underground rooms in respect of which Closing Orders were made	NIL
(ii) No. of separate tenements or underground rooms in respect of which Closing Orders were determined	NIL

(c) Proceedings under Sections 25 and 26 of Housing Act, 1936:

(i) No. of houses dealt with under Section 25	NIL
(ii) No. of Clearance Orders made under section 26	NIL
(iii) No. of families living in Clearance Areas	NIL

NATIONAL ASSISTANCE ACTS, 1948 & 1951

Section 47 of the National Assistance Act, 1948, deals with the removal to suitable premises of persons in need of care and attention. It places on the Council the duty of securing the necessary care and attention for persons who:

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

The action is taken on the certificate of the medical officer of health, and involves the making of an order, by a court of summary jurisdiction, for the removal of the person concerned to a suitable hospital or other place. The order is effective for up to three months and is renewable by the court for similar periods. It applies mainly to aged persons living in insanitary surroundings to whom the other conditions of the section apply, and is taken, as a rule, only after the failure of all efforts to persuade the individual to enter voluntarily some institution where the necessary care and attention are available.

The National Assistance (Amendment) Act, 1951, modifies the procedure to allow of the removal of such persons in conditions of urgency on the order of a single magistrate after the submission of certificates by the medical officer of health and one other medical practitioner, for a maximum period of three weeks. This period may be extended, if necessary, by the action laid down by Section 47 of the main Act.

It was necessary to take this action in one case during the year, that of an old lady aged 80 years. Because of her unsatisfactory living conditions, numerous attempts had been made, over a period, to persuade her to enter an old person's home while she was still reasonably active and able to care for herself. These efforts failed. With the onset of cold weather, she took to bed for warmth and, as so often happens in such cases, her physical condition deteriorated seriously and her living conditions became even less desirable than formerly. As she would not agree to enter hospital, an order under the Act of 1951 was obtained for her removal. This was renewed at appropriate intervals during the year.

INSPECTION AND SUPERVISION OF FOOD

1. Milk

Under the Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations, 3 licences were issued to traders outside the area to sell raw tuberculin tested milk in the area. 3 licences were also issued to enable dealers whose premises are within the District to sell milk under the Special Designation Pasteurised Regulations.

2. Ice-Cream

There are 25 premises registered for the sale and storage of ice-cream and of these only one manufactures the product. It is now possible for Local Authorities to exercise more stringent control over ice-cream manufacturers and mainly due to the co-operation of the trade, the day of the individual manufacture of ice-cream has disappeared in favour of the five or more larger manufacturers.

3. Condemnation of Unsound Food

During 1956 the quantity of food condemned was as follows:-

	<u>cwts.</u>	<u>qrts.</u>	<u>lbs</u>
Tinned Imported Pears			13
Ox Liver			11
Dutch Smoked Ham (Tinned)			8 $\frac{1}{2}$
2 Turkeys			20
Tinned Apricots			2
Tinned Stewed Steak			4 $\frac{1}{2}$
" Pork Sausages			1
" Prunes			12
" Grapefruit			3 $\frac{3}{4}$
" Cherries			1
" Pork Sausages and Beans			1
" Pineapple		1	14
" Meat (Spratts Patent)			1
" Corned Beef			6
	1	-	14 $\frac{3}{4}$

The amount of food condemned is considerably less than in previous years.

Meat Inspection

There are no licensed slaughterhouses in the District, the majority of home-killed meat being supplied from Launceston and Wadebridge, all of which is inspected at the Abattoir. The butchers' shops in the District on the whole are satisfactory.

Educational Activities

In connection with the Food Hygiene Regulations, explanatory circulars were sent to the proprietors of all food premises in the district, explaining the requirements and the purpose of the regulations, and posters with regard to food hygiene were displayed.

FACTORIES ACT, 1937

Classified List of Registered Factories as
at 31st December, 1956

	<u>Nature of Employment</u>	<u>Power</u>	<u>Non-Power</u>
1.	Blacksmiths	-	2
2.	Motor Repairs, Garages	7	4
3.	Carpentry, Joinery & Sawmills	2	4
4.	Monumental Masons	1	-
5.	Plumbers	-	-
6.	Bakeries	2	-
7.	Coach Painters	-	1
8.	Granite Works	3	-
9.	Knitwear	-	1
10.	Bootmaker, Harness and Boot Repairs	1	1
11.	Pottery Manufacturing	2	-
12.	Cheese	1	-
13.	Processing Slate Granules	1	-
14.	Engineering	1	-
15.	Concrete Products	2	-
16.	Egg Grading and Packing	1	-
17.	Cabinet Maker	-	1
18.	Animal Foodstuffs	1	-

Prescribed Particulars on the Administration of the
Factories Act, 1937 for the year 1956

Factories Acts 1937 and 1948

	<u>Number</u>	<u>Inspections</u>	<u>Notices</u>
Factories without power	14	30	-
Factories with power	25	19	1
Other premises	9	15	-
	48	64	1

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND
OTHER DISEASE

Measles

A considerable epidemic of measles occurred during the year, a total of 488 cases being notified. The peak of the epidemic was reached in July, when 141 cases were notified. 128 cases were notified in August, and the disease thereafter declined, with minor peaks in incidence in October and December. This was part of an epidemic which involved the whole county and the incidence in this District was the highest in the county. This is no doubt due to the fact that, as the last epidemic in the district occurred in 1948, the percentage of susceptibles in the population was unusually high. There is no means of active immunisation against this infection and, as the disease is most infectious before the appearance of the rash, it is difficult, if not impossible to check its spread. The evidence shows that an epidemic does not come to an end until the majority of those susceptible have had the infection. As far as can be ascertained, the disease appears to have been of a straightforward type and no deaths occurred.

Diphtheria

No case of this disease was notified during the year. 59 children completed a course of primary immunisation against this infection, the combined prophylactic against whooping cough and diphtheria, or the newer triple antigen against whooping cough, diphtheria and tetanus (lockjaw) being used in almost all instances.

Whooping Cough

35 cases of this disease were notified during the year.

Acute Poliomyelitis

No cases of this infection were notified during 1956. A scheme of vaccination against this disease was introduced by the Ministry of Health during the year. This was operated by the County Council, parents of children born between 1st January, 1947 and 31st December 1954, being asked to register their children for vaccination. As the supply of vaccine was very small, children to receive vaccination were chosen by month of birth in accordance with the instructions of the Ministry. Vaccination was carried out at Centres at Camelford, St. Breward and Delabole, in May, June and December, 28 children receiving a complete course. No undue reactions to the vaccination were reported.

Paratyphoid Fever.

One case of this disease was notified in July. This was in a child of five years of age who arrived in the district on holiday in the early part of the month. Four days later, she had a feverish illness with diarrhoea and was subsequently admitted to the isolation hospital, where the diagnosis was made. Enquiries showed that the child had been a contact of a neighbour

at home who had suffered from paratyphoid fever some years previously. The Medical Officer of Health of the child's home district confirmed that the neighbour was a paratyphoid "carrier" and was known to have infected others. There is no doubt that this neighbour was the source of the infection in this case. Specimens obtained from the household contacts of the child were negative for the paratyphoid organism and no further cases occurred.

Smallpox

No case was reported during the year. 26 primary vaccinations and 1 revaccination were carried out.

Tuberculosis

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non-pul.</u>	<u>Pul.</u>	<u>Non-pul.</u>
Cases on Register 31.12.55	21	5	12	2
No. of cases notified during year	6	1	4	-
Cases Restored	-	-	-	-
Inward Transfers	3	-	1	-
Cases Removed	8	1	2	1
<hr/>				
Total on Register 31.12.56	22	5	15	1
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Plymouth Mass Radiography Unit

Plymouth Mass Radiography Unit visited the Rural District during the period 19th - 29th March, 1956, when sessions were held for the general public at Camelford, Delabole and Tintagel. This form of examination is of value in the detection of tuberculosis at an early stage, and is offered on a confidential basis.

I am indebted to Dr Geoffrey Sheers, the Medical Director of the Unit, for the following statistics:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>%</u>
Number examined	805	743	1,548	
Number examined on large films	59	24	83	5.3
Number examined clinically	27	6	33	2.1

INCIDENCE OF DISEASE

A. Pulmonary tuberculosis

1. Newly discovered significant cases		
		<u>Per thousand</u>
Active	4	2.6
Observation	15	9.6

2. Inactive 9
3. Previously known 1

B. Other conditions

Under investigation for	
intrathoracic tumour	1
Silicosis	9 (4 previously known)
Silico-tuberculosis	1
Eventration of diaphragm	1
Bronchiectasis	1
Pleural thickening	5
Bronchitis	1
Basal fibrosis	1

Age and sex analysis of newly discovered significant cases (group 1 above)

	<u>- 15</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-59</u>	<u>60+</u>
Male	-	1	2	2	5	5
Female	-	2	-	-	1	1

The public response numerically was satisfactory, but when the scattered nature of the district and the inadequacies of public transport are taken into account, it is seen to be more than that. Much credit is due to Members of the Council and to the Council's staff for their considerable efforts in publicising the Unit's visit.

OTHER DISEASES

Cancer of the Lung - It is now accepted that there has been a real increase in the incidence of this form of cancer during recent years. Widespread popular interest has been shown in the research which is being carried out into its association with smoking, and, in particular, with cigarette smoking - an association which is statistically proven.

During 1956, out of a total of 9 deaths from cancer, 2, both of males, were due to cancer of the lung. Since 1949, there have been 47 male and 57 female deaths from all forms of cancer. Of these, 4 male and 3 female deaths have been due to cancer of the lung. It is not suggested that these particular deaths had any association with smoking. The Medical Officer of Health has no knowledge of such circumstances, nor, indeed, of the actual incidence of the disease. What is to be seen is that the condition does occur in this Area, and this, in the light of the work that has been done, may, perhaps, provide food for thought.

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary Tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from Tuberculosis.

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and after-care of the patients.

Out-patients and contacts are seen by the Chest Physician (Dr Mellor) at the Chest Clinic at Launceston Hospital, and East Cornwall Hospital, Bodmin. The County Council Tuberculosis Health Visitors attend the Clinics, follow up the patients in their homes, trace contacts and sources of infection and thus acting as most valuable and essential "liaison officers" between the curative and preventive services, bridge a most alarming gap.

All susceptible contacts in the District are offered B.C.G. Vaccination, and most avail themselves of this method of protection.

The scheme for B.C.G. Vaccination of susceptible school leavers continued during the year, again with an excellent response.

TABLE I

TUBERCULOSIS

Age and Sex Distribution of Cases and Deaths 1956

<u>Age Groups</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pul.</u>		<u>Other</u>		<u>Pul.</u>		<u>Other</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	-	1	-	-	-	-	-	-
25 -	1	-	-	-	-	-	-	-
35 -	1	-	-	-	-	-	-	-
45 -	2	3	1	-	1	-	-	-
55 -	2	-	-	-	-	-	-	-
65 and over	-	-	-	-	1	-	-	-
Age unknown	-	-	-	-	-	-	-	-

TABLE II

VITAL STATISTICS

Year	Estimated Population	<u>Births</u>		<u>Deaths</u>		<u>All ages</u>	
		No.	Crude Rate	<u>Under 1 year</u> No.	Infant mortality Rate	No.	Crude Death Rate
1952	7,366	94	12.76	2	21.27	93	12.62
1953	7,330	95	12.96	4	42.10	87	11.87
1954	7,380	107	14.49	1	9.34	87	11.78
1955	7,340	88	12.26	3	33.33	101	13.76
1956	7,300	76	10.41	-	-	90	12.33

TABLE III

Monthly Incidence of Notifiable Diseases (other than Tuberculosis)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Whooping Cough	-	-	2	-	-	1	-	1	2	11	18	-	35
Measles	3	4	2	1	3	31	141	128	29	53	38	55	488
Pneumonia	-	-	-	-	1	-	-	-	1	-	-	2	4
Puerperal Pyrexia	2	-	-	-	-	-	1	-	-	-	-	-	3
Paratyphoid	-	-	-	-	-	-	1	-	-	-	-	-	1
	5	4	4	1	4	32	143	129	32	64	56	57	531

